

APPLICATION

CERTIFICATE OF REGISTRATION: TAKING BIG GAME, COUGAR, BEAR, TURKEY, WATERFOWL OR SMALL GAME WITH A CROSSBOW OR DRAW-LOCK

Attention: False, inaccurate, or misleading information on this application is a **criminal offense** and **violation** of Utah Code Title 23 Chapter 19 Section 5

Rule R657-12, under Crossbows "allows" or "states":

- (1) (a) A person who has a permanent, physical impairment due to injury or disease, congenital or acquired, which renders the person so severely disabled as to be unable to use conventional archery equipment may receive a Certificate of Registration to use a crossbow to hunt big game, cougar, bear, turkey, waterfowl or small game during the respective archery or any weapon hunting seasons as provided in the applicable proclamations of the Wildlife Board for taking protected wildlife.
- (b) The division shall accept the following as evidence of eligibility to use a crossbow or draw-lock:
- (i) Obvious physical disability, as provided in Subsection (1)(a), demonstrating the applicant is eligible to use a crossbow or draw-lock; or
- (ii) Provides a physician's statement confirming the disability as defined in Subsection (1)(a).
- (2) (a) any crossbow used to hunt big game, cougar, bear, turkey, waterfowl or small game must have:
- (i) A stock that is at least 18 inches long,
- (ii) A minimum draw weight of 125 pounds for big game, bear and cougar, or 60 pounds for turkey, waterfowl and small game;
- (iii) A draw length that is at least 18 inches from the front of the crossbow to the back of the string in a cocked position; and
- (iv) A positive safety mechanism.
- (b) Arrows or bolts used must be:
- (i) At least 18 inches long; and
- (ii) Must have a broadhead with two or more sharp cutting edges that cannot pass through a 7/8 inch ring for big game, cougar, bear or turkey.
- (3) The following equipment or devices may not be used:
- (a) Arrows with chemically treated or explosive arrowheads;
- (b) A bow with an attached electronic range finding device; or
- (c) A bow with an attached telescope sight, except as provided in R657-12-9.
- (4) Arrows or bolts carried in or on a vehicle where a person is riding must be in an arrow quiver or a closed case.
- (5) A drawn and cocked crossbow or bow with a draw-lock may not be carried in or on a vehicle.
- (6) Conventional bows equipped with a draw-lock and used to hunt big game must conform with the minimum draw weights, and arrow and broad head restrictions contained in R657-5.

☐ **As the applicant I have read and understand the requirements for obtaining this Certificate of Registration.**

Certificate of Registration is issued upon approval of application, and applicant's purchase of the required license/permit/tag.

I HEREBY APPLY FOR A CERTIFICATE OF REGISTRATION IN ACCORDANCE WITH THE ABOVE STIPULATIONS

Customer Identification # _____

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Gender _____ Weight _____ Height _____ Eye Color _____ Hair Color _____

I hereby certify under oath that the above information is true and correct, that I am eligible to obtain this Certification of Registration in accordance with the stipulations of Rule R657-12, under **Crossbows**, and that I am so severely disabled that I am unable to use conventional archery equipment.

Signature of Applicant _____ Date _____

APPLICATION

PHYSICIAN'S STATEMENT (Must be completed and signed by physician)

I hereby certify the above named applicant has a permanent, physical impairment due to injury or disease, congenital or acquired, which renders the person so severely disabled as to be unable to use conventional archery equipment.

1. The applicant's physical impairment is permanent?: ☐ Yes ☐ No

2. The applicant's impairment is so severe they cannot use conventional archery equipment?

☐ Yes ☐ No

Please explain how the impairment satisfies the state requirements found on this application: (attach additional pages as necessary)

Dr. Office Use Only:

Physician Signature _____ Date _____

Professional Title _____

Physician Name (print) _____ Telephone Number _____

Affix Office Stamp Here: Address _____

City _____ State _____ Zip _____

Division Use Only:

Applicant meets the qualifications for this COR ☐ Y ☐ N ☐ Need more information

Region _____ Date: _____ Clerk Initials: _____

NOTES: _____

For more information or additional consideration please contact: Kenneth Johnson (801) 538-4839

Fax to: (801) 538-4858

Mail originals to: Attention Licensing

1594 West North Temple Suite 2110

Salt Lake City UT, 84114

*You must provide the original documentation prior to being issued a C.O.R. You may bring this to any division office.